

**GENERAL FACT SHEET**

05R-232

**BILL NUMBER****BRIEF TITLE**LMC 8.26.040 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**APPROVAL DEADLINE**\_\_\_\_\_  
\_\_\_\_\_**REASON**Assessment of Costs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**DETAILS****POSITIONS/RECOMMENDATIONS**

Reason for Legislation

Assess costs incurred by the Health Department for abating public health nuisances on private property

Sponsor

Health

Program  
Departments, or  
Groups AffectedPublic Health Nuisances  
Environmental Health  
Private citizensApplicants/  
Proponents

Applicant

Health

City Department

Health

Other

Discussion (Including Relationship to other Council Actions)

Failure to keep property clear of conditions which can contribute to rodent or insect breeding or existence, disease, etc., is a violation of LMC 8.26 Nuisances.

Property owners and/or tenants with such conditions are given written notice to eliminate the condition. After notice and due time, if such conditions are not eliminated, LLCHD contracts for the abatement and clean-up. All associated costs are assessed against the property owner in accord with LMC 8.26.

Opponents

Groups or Individuals

Private citizens

Basis of Opposition

Slight opposition, if any, to cost of assessment

Staff  
Recommendations☒ For ☐ Against  
Reason AgainstBoard or  
Commission  
RecommendationBY  
☐ For ☐ Against  
☐ No Action Taken  
☐ For with revisions or conditions  
(See Details column for conditions)CITY COUNCIL  
ACTIONS  
(For Council Use  
Only)☐ Pass  
☐ Pass (As Amended)  
☐ Council Sub.  
☐ Without Recommendation  
☐ Hold  
☐ Do not Pass

# DETAILS

# POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project: \$ _____ COST of this ordinance Resolution \$ _____	
		RELATED annual operating Costs \$ _____	
		INCREASE REVENUE EXPECTED/YEAR \$ _____	
	SOURCE OF FUNDS	CITY _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
NON CITY _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %			
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot		\$ _____	\$ _____

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart/Scott E. Holmes

*Bruce Dart*

REVIEW BY:

REFERENCE NUMBER